

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED <i>Freddy Ivan Jandres-Parada</i>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <i>20-CR-577</i>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <i>US v. Henriquez et al.</i>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions)	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.**18 USC § 2339(A)(a); 18 USC § 2332(b)(1)(A), (b)(1)(B) + (b)(c), etc.*12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),  
AND MAILING ADDRESS

*James M. Branden  
80 Bay Street Landing, Suite 75  
Staten Is., NY 10301*  
Telephone Number: *212-286-0173; 917-763-9729*

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

## 13. COURT ORDER

A Appointing Counsel  C Co-Counsel  
 F Subs For Federal Defender  R Subs For Retained Attorney  
 P Subs For Panel Attorney  Y Standby Counsel

Prior Attorney's Name: \_\_\_\_\_

Appointment Dates: \_\_\_\_\_

Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR  
 Other (See Instructions)

*/s/ Steven Tiscione*

Signature of Presiding Judge or By Order of the Court

*04.19.2024*

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment.  YES  NO

## CLAIM FOR SERVICES AND EXPENSES

## FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15.  <i>In Court</i>	a. Arraignment and/or Plea		0.00		0.00	
	b. Bail and Detention Hearings		0.00		0.00	
	c. Motion Hearings		0.00		0.00	
	d. Trial		0.00		0.00	
	e. Sentencing Hearings		0.00		0.00	
	f. Revocation Hearings		0.00		0.00	
	g. Appeals Court		0.00		0.00	
	h. Other (Specify on additional sheets)		0.00		0.00	
(RATE PER HOUR = \$ ) TOTALS:		0.00	0.00	0.00	0.00	
16.  <i>Out of Court</i>	a. Interviews and Conferences		0.00		0.00	
	b. Obtaining and reviewing records		0.00		0.00	
	c. Legal research and brief writing		0.00		0.00	
	d. Travel time		0.00		0.00	
	e. Investigative and other work (Specify on additional sheets)		0.00		0.00	
	(RATE PER HOUR = \$ ) TOTALS:	0.00	0.00	0.00	0.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			0.00		0.00	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION Date: _____
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____	<input type="checkbox"/> Supplemental Payment
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Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, were you paid?  YES  NO

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

## APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. <b>\$0.00</b>
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		28a. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED <b>\$0.00</b>
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE